



CALIFORNIA  
DEPARTMENT OF  
EDUCATION

1430 N STREET  
SACRAMENTO, CA  
95814-5901

**JACK O'CONNELL**

State Superintendent of  
Public Instruction

PHONE: (916) 319-0800

## APPOINTMENTS APPLICATION FORM

1. Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_  
First Middle Last
2. Appointment(s) Sought:  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_
3. Driver's License or Identification Card #: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. If married, name of spouse: \_\_\_\_\_
6. Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
City County State Zip  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Sex: Male ☐ Female ☐
8. Business Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City County State Zip  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_ Emergency #: \_\_\_\_\_
9. Are you registered to vote? Yes ☐ No ☐
10. Ethnicity (optional): \_\_\_\_\_
11. Party Affiliation (optional): \_\_\_\_\_
12. Please attach resume.

13. Yes ☐ No ☐ Are you a citizen of a country other than the United States? If so, please list country.
14. Yes ☐ No ☐ Have you or your immediate family been affiliated (as an officer, owner, director, trustee, partner, advisor, or consultant) with any institutions (corporations, firms, partnerships, business enterprises, nonprofit organizations, etc.) within the past five years that might present a potential conflict of interest with your requested appointment? If yes, please explain.
15. Yes ☐ No ☐ Are you currently or have you ever been involved in civil litigation, undergone investigation, or been convicted of a violation of any federal, state, county or municipal law, regulation, or ordinance? (Traffic violation for which a fine of less than \$100 was imposed should not be included.) If yes, please explain.
16. Yes ☐ No ☐ Has a tax lien or other collection procedure ever been instituted against you by federal, state, or local authorities? If yes, please explain.
17. Yes ☐ No ☐ Have you ever been disciplined, cited, or a subject of a complaint for a breach of ethics or unprofessional conduct by any court, administrative agency, or other professional group? If yes, please explain.
18. Yes ☐ No ☐ Have you ever run for political office, served on a political committee, or been identified publicly with a particular political organization, candidate, or issue? If yes, please explain.
19. Yes ☐ No ☐ Have you ever written any books or articles? If yes, please list titles and provide a brief description.
20. Yes ☐ No ☐ Is there anything in your background, which, if made known to the general public through your appointment, would cause embarrassment to you and/or the Superintendent of Public Instruction? If yes, please explain in full detail.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any person or other entity in possession of information regarding any of the following to release that information to the California Department of Education.

Education  
Employment  
Driver's License Record  
California State Summary Criminal History Information

I authorize the California Department of Education to use information obtained pursuant to this release for any purpose relating to the Department of Education's review and deliberation concerning my nomination to public office, including, but not limited to, its use by the State Superintendent of Public Instruction and Department of Education.

This authorization is valid for one year following the date of the signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_